

**Application for Temporary Hearing Aid Permit
Under Sponsorship of a Licensed Hearing Aid Specialist
Bureau of Health Facilities Licensing**

6. Initial Applicants Only:

a. Date of birth: _____

b. Length of time as resident of South Carolina: Years _____ Months _____

c. Have you previously filed an application with our Department? ☐ Yes ☐ No Date: _____

d. Have you ever been convicted of any criminal offense other than a minor traffic violation? ☐ Yes ☐ No If yes, list date of conviction, type of offense and name and location of court:

e. Have you ever held a hearing aid specialist/dealer license or apprentice license in another state? ☐ Yes ☐ No If yes, list the state(s) and expiration date(s):

f. Were any of these licenses ever suspended or revoked? ☐ Yes ☐ No If yes, describe the cause, conditions, and length of time:

g. Enclose proof of high school graduation or equivalent.

7. **Verification:** State of: _____ County of: _____

I, _____ do hereby swear or affirm, depose and say that I have read the foregoing application and know the contents thereof, and that the statements made therein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to an investigation of the aforesaid information for the purpose of verifying my qualifications for a temporary permit in the State of S.C. By completing this application, I do hereby submit myself to the provisions of §40-25-10, et seq., of the S.C. Code of Laws, as amended, Practice of Specializing in Hearing Aids Act, and Regulation 61-3, *The Practice of Selling and Fitting Hearing Aids*.

Signature of Temporary Permit Applicant

Subscribed and sworn to before me this _____ day of _____, _____
(Month) (Year)

Notary Public

My commission expires: _____ **NOTARY SEAL**

8. Enclose a \$25 check or money order payable to DHEC for the license fee (see Regulation 61-3 for current fees).

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TO BE COMPLETED BY SPONSOR

9. **Verification:** State of: _____ County of: _____

I, _____, _____, accept the responsibility of the supervision and
Name of Sponsor Current License Number

training of _____ in accordance with §40-25-10, et seq., the S.C.
Name of Temporary Permit Applicant

Code Ann. (Supp. 2002), Practice of Specializing in Hearing Aids Act, and Regulation 61-3, *The Practice of Selling and Fitting Hearing Aids*. I realize that I am responsible for his/her training and conduct until notified by the Department that I am no longer responsible for this individual. In addition, I will submit quarterly reports to the Department in a timely manner.

Sponsor's Signature

Subscribed and sworn to before me this _____ day of _____, _____
(Month) (Year)

Notary Public

My commission expires: _____ **NOTARY SEAL**

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10. Please complete all applicable items (print legibly in ink or type) and mail to:

SCDHEC
Health Facilities Licensing Bureau
2600 Bull Street
Columbia SC 29201

Instructions for Completing DHEC Form 0222
Application for Temporary Hearing Aid Permit
Under Sponsorship of a Licensed Hearing Aid Specialist
Bureau of Health Facilities Licensing

PURPOSE: In accordance with Section 40-25-10, S.C. Code of Laws, as amended, and Regulation 61-3 *The Practice of Selling and Fitting Hearing Aids*, prospective holders of a temporary permit must file an application under oath in order to become eligible to obtain a temporary permit under sponsorship of a licensed hearing aid specialist. Temporary permits are effective for a 12-month period following the date of issue.

INSTRUCTIONS:

- Line 1. If this is your first time applying for a temporary permit, check the block for “Initial Temporary Permit.” If you are renewing your temporary permit, check the block for “Renewal of Temporary Permit” and enter the temporary permit number that was issued to you for the previous year in the space provided.
- Line 2. Enter the name of the individual applying for the temporary permit and check the appropriate title prefix and generation suffix for the name listed.
- Line 3.a. Enter the e-mail address at which you want the Department to correspond.
- Line 3.b. Enter your mobile and/or your home phone number at which you can best be reached by the Department.
- Line 3.c. Enter your home address.
- Line 3.d. If applicable, enter your non-South Carolina hearing aid business address.
- Line 3.e. Check the appropriate block to where you want the Department to send mail related to your hearing aid license (check only one block).
- Line 4. Enter the name of the licensed hearing aid specialist who will be sponsoring you.
- Line 5.a. Enter the name of the business where you will be working. Your temporary permit is issued for one business location only and your sponsor must be licensed at this same location.
- Line 5.b. Enter the location address of the business.
- Line 5.c. Enter the area code and telephone number of the business.
- Line 5.d. Enter the days and hours of operation of the business.
- Line 5.e. Enter the mailing address if it is different from the location address of the business.
- Line 6. Line 6.a. thru 6.g. is for Initial applicants only – (Self-explanatory)
- Line 7. Applicant Verification and Notary Public– (Self-explanatory)
- Line 8. Payment – (Self-explanatory)
- Line 9. Sponsor Verification and Notary Public - This section is to be completed by the individual that will sponsor the individual applying for the temporary permit– (Self-explanatory)
- Line 10. Mailing Instructions – (Self-explanatory)

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.